



Application for Appointment to Boards and Commissions

Mail to: Office of the County Judge/Executive
321 West Main Street
Frankfort, KY 40601
Telephone: (502) 875-8751 Fax: (502) 875-8755

Date: _____

Board or Commission for which you are applying: _____

Applicant Information

Name _____ Telephone: _____
Last Name First Name Middle Initial

Address _____
Street City State Zip Code

Have you previously worked for Franklin County Government? () Yes () No

If yes, provide date(s) and department/office(s): _____

Do you currently have relatives employed by Franklin County Government? () Yes () No

If yes, please provide the name and department/office(s): _____

Have you ever been convicted of a felony or misdemeanor? (Exclude minor traffic violations) () Yes () No

If yes, explain: _____

Employment History

Your work experience is an important factor in evaluating your application. Please list your current employer.

Name of Employer: _____

Type of Business: _____ Telephone: _____

Employer's Address: _____
Street City State Zip Code

Name of Supervisor: _____ Dates of Employment: _____

Job title & description of duties performed: _____

Public/Civic Leadership Information

Are you familiar with the functions of the board/committee for which you are applying? () Yes () No

Have you ever attended a meeting of the board/committee for which you are applying? () Yes () No

Do you currently hold an elected or appointed office in a public or non-profit organization? () Yes () No

Do you or any family or business connections make use of services provided by or connected with the board/committee for which you are applying? () Yes () No

Do you or any family or business connections serve on any board/committee or any organization which has or may have any connection or relationship with the board/committee for which you are applying? () Yes () No If yes, explain:

Certification & Release – Please read carefully before signing

I certify that the answers and information given in this application are true, correct and complete without qualification. I understand the county has the right to refuse to appoint me or immediately discharge me, at any time, if it discovers I have provided incomplete, false or misleading answers or information in this application or on any other documents or forms submitted at any time during my term. I authorize the county and its agents to verify the answers and information given in this application.

Applicant's Signature

Date